patients association was found statistically significant ($p<0.05$). Weight V/S mean CIMT Range in Cardiac patients This association was found statistically significant ($p<0.05$).
Conclusion: Mean carotid IMT is a valid marker of early coronary atherosclerosis documented by coronary angiography and is associated with risk factors for atherosclerotic disease.

Study of ECG findings in patients with normal CAG

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Objective: To study the variability in ECG findings in patients with normal CAG and to detect prevalence of ECG abnormality in these patients.
Methods: This is a retrospective study conducted in the Dept of cardiology at Narayana medical college Nellore between July 2013-14 to study ECG findings in 100 Patients with normal CAG.
Results: 75% patients had 1 or more risk factors for CAD, >50% patients had significant cardiac symptoms. 40% found to have prominent ECG changes which include significant ST-T changes [ST depression/t wave inversions in anterior/inferior leads] pathological Q waves, and LVH. Others include LBBB, RBBB, and CHB.
Conclusion: This study concludes that statistically significant number of patients with normal CAG have abnormal ECG with ECG being more sensitive but less specific in identifying occlusive CAD.

Clinical profie and short term follow up of patients with coronary artery ectasia

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Background: Coronary artery ectasia (CAE) predisposes to coronary thrombosis and acute coronary syndromes. The endothelium of ectatic coronary is abnormal and is a substrate for atherosclerotic process with fixed obstruction. Apart from academic interest CAE are especially important underlying factor in many young MI.
Methods: Study was done by retrospective analysis of all coronary angiograms done between June 2011- June 2013 to detect presence of CAE. 124 patients had coronary ectasia. Follow-up of these patients was done after 11 months.
Results: Prevalence - 3.1%. Coronary ectasia was more common in males (83.09%). DM (43.66%), Hypertension (42.25%), Smoking (21.12%), Family History (25.35%), Dyslipidemia (16.90%). Types: Type 1-(11.26%), Type2-(15.49%), Type 3 - (8.45%), Type4 - (64.78%). Males had predominantly obstructive CAD with ectasia. In females isolated ectasia was more common. Majority had associated CAD (66.12%). STEMI was the most common mode of presentation. Markis type IV was the commonest type of ectasia. In isolated ectasia group, Type III was common and in obstructive CAD with ectasia Type IV was commonest. RCA was the vessel most commonly involved. Single vessel ectasia was common. Significant number of patients with isolated ectasia had evidence of inducible ischemia as shown by TMT positivity. 26.76% patients underwent CABG, 19.71% underwent PCI, 53.52% were managed medically. At the end of 6 months 11.26% had acutc coronary events, 13.15% in the medical management group, (10.58%) in CABG group, and (7.14%) in PCI group.
Conclusion: There is high incidence of coronary events in patients with CAE. These patients have to be managed aggressively even in the absence of significant obstruction.

Association between accessory nipple with coronary artery disease

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Background: The prevalence of coronary artery disease is rapidly increasing across the world. There are several cutaneous clinical markers associated with coronary artery disease. Accessory nipples are the most common forms of accessory breast tissue malformations but they have not yet been investigated in patient with coronary artery disease.
Methods: A case-control study involving patients admitted with history of USA, chronic stable angina and history of recent or prior MI which were subjected coronary angiography and classified as normal (no lesions detected), minor lesions (<50% occlusion), and single-vessel (> 50% occlusion), double-vessel, and triple-vessel disease. Both groups were assessed as to presence of accessory nipple. Case was defined as patients with coronary artery disease and Control defined as patients without coronary artery disease.
Results: Eighty nine patients were evaluated (61 cases, 28 controls). The prevalence of accessory nipple was higher among cases than controls (24.4% vs. 14.9%).The prevalence among males is higher than females (26% vs 5%) Majority of pts were male (96.77% vs 85.71%) and in the age group of 51-60 yrs (43.22% vs 42 %). Chest pain (60.86 % vs 50%) and dyspnea (29.0% vs 25%) were predominant symptoms. Risk factors like hypertension (37.7% vs 25%), DM (33.96% vs 12.5%), Smoking (3.75% vs 0%), Alcohol (1.88% vs 0%) were more with cases. ECG changes at presentation were normal more in controls(33% vs 85%) and AWMI, AWMI with RBBB, IWMI, IWMI with complete heart block, bundle branch blocks were more in cases compared to controls. Coronary angiography revealed single vessel disease, double vessel disease and triple vessel disease in 42%, 26% and 31% cases and normal coronaries in controls. Most coronary lesions involved LAD (36.8%) and RCA (31.2%).lipid profile revealed little higher dyslipedemia among cases than controls.
Conclusions: The study detected a positive association between accessory nipple with coronary artery disease which may be an external marker for risk identification. Judicious appraisal of various cutaneous markers linked to CAD would help clinicians to suspect disease in the subclinical phase, and thus make it easier to decide who is likely to need further detailed cardiovascular investigation.

HbA1c level correlation as predictor of coronary artery disease and its severity in patients undergoing coronary angiography

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